

# St. Bartholomew's Hospital



"Aequam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

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### CALENDAR.

Mon., April	1.—Rugby Match v. Redruth. Away.
Tues., ,	2.—Prof. Witts and Prof. Gask on duty. Rugby Match v. Falmouth. Away.
Fri., ,	5.—Lord Horder and Sir Charles Gordon-Watson on duty.
Sat., ,	6.—Rugby Match v. Old Leysians. Home.
Tues., ,	9.—Dr. Hinds Howell and Mr. Wilson on duty.
Fri., ,	12.—Dr. Gow and Mr. Girling Ball on duty.
Sat., ,	13.— <b>Rugby Football Club: Seven-a-side Tournament and Dance in Aid of College Appeal.</b>
Tues., ,	16.—Dr. Graham and Mr. Roberts on duty.
Fri., ,	19.—Prof. Witts and Prof. Gask on duty.
	<b>Last day for receiving matter for the May issue of the Journal.</b>
Mon., ,	22.— <b>Bank Holiday.</b>
Tues., ,	23.—Lord Horder and Sir Charles Gordon-Watson on duty. Rugby Match v. Bristol. Away.
Fri., ,	26.—Dr. Hinds Howell and Mr. Wilson on duty.
Mon., ,	29.—Special Subjects: Lecture by Dr. Cumberbatch.
Tues., ,	30.—Dr. Gow and Mr. Girling Ball on duty.

### EDITORIAL.

"How can we find? How can we rest? How can  
We, being gods, win joy; or peace, being man?"

RUPERT BROOKE.

**F**T is a commonplace subject for discussion and debate to contrast the present civilization with that of a former age—its dangers, its advantages, its evils. Is mankind as happy? Is life more dangerous? Has man by invention produced a monster which is about to destroy its Frankenstein, and by the force of blind evolution, like the primeval monsters, will he bring about extinction of his kind? Clamouring for better health and longer life, it seems that he is supplanting Atropos and her instrument of death, and by his "science" producing war, pestilence and sudden death. The Second Horseman is coming into his own, and drives his bloody steed among men

"to take peace from the earth and that they should kill one another".

All are loud in their condemnation of the present state of affairs (the ubiquitous *Pro Bono Publico* of the daily press is their spokesman). The pessimist watches with horror the omens for the future, and pours destructive criticism on the efforts that are being made to combat the enemies of peace—in the world, political strife: in the nation, poverty and unemployment; in city and country, death from the headlong fury of man's speed; and, in the individual, the ceaseless, drunken jazz of vile man's din. The more particular the menace, the greater becomes the influence of the physician and the claims for his interest and support. The direct results of the evils are obvious, but their invisible effects tend to undermine the health of all humanity. The active reforms suggested and begun within the last few months bear every promise of fruit, and there is no one that will not encourage every effort which has as its object the peace of the community—in its fullest sense.

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The work in connection with the new Medical School on the Merchant Taylors' site is advancing rapidly. Already the foundations of the new laboratory have been laid, and the existing buildings are as busy as a hive with builders, carpenters and painters.

An antiquarian interest has been taken in the digging for the new block, in view of the connection of the Charterhouse with the old plague pits made during the Black Death of the fourteenth century. Some years ago experimental borings were sunk when the construction of a swimming-bath was proposed, but the discovery of human bones led to the abandonment of the project. The depth reached at present, however, has been insufficient to disturb the rest of the ill-fated citizens, and curiosity has been disappointed.

In the last issue a letter was published in this column with a practical suggestion for increasing the Appeal Fund. The writer has kindly sent us details of his scheme, which we hope will have a useful, if somewhat limited, application: "It is really easy for those who happen to be over the age of 75, and especially so if over 80 years, to increase their own annual income whilst making a large bequest to the Medical College, by the simple means of selling a little of their own capital and investing this in an annuity. Anyone over 80 can buy an annuity of £200 per annum for £1050. If it happens that their invested capital is only yielding, say, 4 per cent., then a gift of, say, one-tenth of their whole capital would yield a grand present to the Medical College, and yet their future income would be nearly double what it was previously. Of course, this presumes that the donor has not a large family dependent upon him. An elderly wife can join in a joint life annuity which would make one or other of the aged couple quite free to spare this good gift to the College. A score of octogenarians could thus be able to present many thousands of pounds to the College."

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On March 4th, 1935, the door of the new building of the Royal Australasian College of Surgeons was opened by Sir Holburt Waring, P.R.C.S.(Eng.). He read messages of congratulation from the King and from the Royal College of Surgeons of England. An address entitled "How Surgery came to Australasia" was given by Sir D'Arcy Power.

In the evening the President conferred on Sir Holburt and Sir D'Arcy the Honorary Fellowship of the College.

In the meetings which followed the opening, a discussion on post-graduate education in surgery was opened by Sir Holburt.

\* \* \*

At a meeting of the Senate of the University of London held on March 20th, it was resolved that on his retirement from the Professorship of Surgery in this Hospital; at the end of the present session, the title of Emeritus Professor in Surgery in the University should be conferred on Prof. G. E. Gask, C.M.G., D.S.O., L.R.C.P., F.R.C.S.

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The Annual Dinner of the Tenth Decennial Contemporary Club will be held at the Café Royal on Friday, May 3rd. Cards will be sent to members early in April. Members not receiving cards are requested to communicate with Dr. Arnold Stott, 58, Harley Street.

## CANCER DEPARTMENT.

**F**T is probable that ever since Rahere's time work has been carried on at St. Bartholomew's Hospital in connection with cancer. Just before the war an extra stimulus was given to the study of the treatment of malignant disease by the introduction of radium. For this big step forward we must thank Dr. Finzi, Mr. Harmer and the late Dr. Williamson, who were pioneers in this form of treatment. At the end of the war the Medical Research Council was given a quantity of radium which had been recovered from the gun-sights and compasses. This radium was divided up, and St. Bartholomew's Hospital was allotted a small quantity. The Treasurer and Almoners then formed a Radium Committee, which did excellent work and continued in existence until 1929, when it amalgamated with the Committee appointed to investigate lead treatment, and the combined committee thus formed was known as the Cancer Research Committee. This committee continued to supervise the work of investigation into the treatment of malignant disease in certain sites, but it was felt by a number of people that the ground covered was insufficient in a large hospital, where malignant disease of every kind was admitted. It was therefore decided to take one more step in the evolution of the work on cancer by forming a Cancer Department, which came into being at the end of 1934.

The object of the new Department is to stimulate research in connection with cancer, and to co-ordinate as far as possible and report on all the cancer work in the Hospital, both clinical and laboratory.

The organization of the Department is carried out by a Director and a Committee, which meets once a month. In addition to these meetings of the Committee it is proposed to call, from time to time, a meeting of all members of the Staff who are interested in the various aspects of cancer research, so as to circulate knowledge of what is being done, and to have a general discussion on the various problems that arise. By this means it is hoped that members of the Staff will learn the methods and results of treatment carried out by their colleagues.

In order to obtain accurate information concerning the patients admitted to the Hospital suffering from cancer, a whole-time Registrar, Mr. Frank d'Abreu, has been appointed, one of whose duties it is to obtain from the wards information about every patient suffering from malignant disease in the Hospital. In this connection the house surgeons, house physicians and sisters in the wards have been of the very greatest help, and I feel sure that as the new house officers are appointed they will realize the importance of this work,

and do all in their power to assist the Registrar. The Follow-up Department, which has for years been so efficiently run, is also helping to complete the records for which the Registrar is responsible.

Within the last few months a sum of money has been promised to the Hospital for installing a very powerful X-ray therapy apparatus. It is hoped that the voltage of such an apparatus will reach the million mark. We must thank Dr. Gow and Dr. Canti for having interested the donor in connection with this gift, the organization of which is largely in the hands of Dr. Canti, assisted by a Technical Sub-Committee.

The object of this short account of the Cancer Department is further to stimulate readers and the members of the Staff in connection with cancer research, and particularly to call the attention of the latter to the general meetings which will be held, and which it is hoped will be of real value in solving the various problems in connection with this disease, which is at present such a terrible scourge.

MALCOLM DONALDSON.

## CLINICAL SCIENCE.

HE late Dr. James Collier used to say, "A clinical observation well recorded always stands the test of time. Nothing ever upsets it or makes it wrong. It never leads us astray".

Herein lies the success of Sir Thomas Lewis's ingenious and painstaking work; criticized though it may be, at times, by some who are impatient for immediate application of new knowledge, or by others perhaps who do not fully appreciate its meaning. Yet what matters this criticism? Most, if not all, of his observations are right, and on this sure foundation any future progress must rest. Sir Thomas has founded a school of which British medicine is justly proud (although it may not always admit it!); and here, in the 189 pages of this book,\* is told the story of his labours, in simple language, easy for all to understand. Those who admire clear thinking will treasure this volume.

As a stimulus to attract young men to the study of clinical problems from a scientific point of view we are shown what magnificent results may arise from the simplest of observations, when these are made, with care, by someone with critical judgment. Playing with his children out of doors one wintry day Sir Thomas noticed the "burning warmth" of his fingers after handling

\* *Clinical Science*, by Sir Thomas Lewis, C.B.E., F.R.S., M.D., D.Sc., LL.D., F.R.C.P. London: Shaw & Sons, Ltd., 1934. 8vo, pp. 189. Price 12s.

snow. A snowball deliberately held for fifteen minutes, followed next day by simple investigation in the laboratory, led almost at once to important conclusions concerning the protective mechanism of the skin against cold; and from these arose still more striking deductions regarding axon reflexes and all the so-called "trophic lesions" which follow injury to peripheral nerves. Three further examples of this simplicity in experimental methods may be mentioned from different parts of the book. The problem of pain in intermittent claudication was arrived at by asking a patient who presented this symptom in one leg to move his feet, with and without sphygmomanometer bands around his thighs. The age-long controversy about the origin of anginal pain was then also cleared up by asking a man with angina of effort to climb up and down two steps under known conditions. Thirdly, the question of active contraction of capillaries, over which physiologists had argued for years, was answered for all time by observing the colour changes in skin after a finger had been drawn across it.

The duties of clinical science begin and end with the patient; but in solving some of its difficulties any other science may be asked to lend a hand. In the investigation of a disease the first problem is to clear the ground by defining accurately what is meant by that particular condition. How much confusion may arise from cases reported without a proper definition is only too well illustrated by the literature of "Raynaud's disease" and "Erythromelalgia". From the foundation of a clear definition real progress may begin on the problems of causation, diagnosis (the explanation of symptoms and "signs") and prognosis. The work on prognosis, "formulating accurate and simple rules to aid the forecast of the patient's future activities and of his probable length of life", is well illustrated by Grant's recent follow-up of 1000 patients with chronic heart disease.

All these duties of clinical science are of the greatest importance, but its chief goal is, and must always be, therapeutic, "to devise new and better means of treatment"—a subject to which the whole of the last chapter is dedicated. Some remedies have originated in accidental observations: mercury for syphilis, quinine for malaria, opium for pain. Others, though arising perhaps accidentally, have been improved a hundredfold by clinical investigations: emetine for amoebic dysentery, digoxin to control and quinidine to stop auricular fibrillation, vitamins for deficiency diseases, and massive doses of iron for the microcytic anaemias. Still others have arisen solely by a process of reasoning: thyroid for cretinism, suprarenal cortex for Addison's disease, insulin for diabetes, and the use of diphtheria and tetanus

antitoxins. Nowadays "direct search for really new medical remedies is an unprofitable branch of study". Far better to probe into the cause and mechanism of disease; for knowledge of these, sooner or later, is sure to suggest new methods of treatment.

In any investigation about to be undertaken Sir Thomas urges the importance of being sure of what is known already, and of work already done. How much of this may be inaccurate and misleading is known only to those who have searched the records; but no matter how precarious is the foothold on this past research, or how many are the pitfalls opened up, it is essential that all should be seen and analysed. A warning is added; for a paper to be of permanent value every piece of evidence should be presented; conclusions alone are not enough, everything must be there ready for criticism, including even the reasoning on which a diagnosis is based.

The importance of careful clinical observation he does not minimize in any way, but Sir Thomas points out that this by itself, as a method of progress, is almost exhausted. As an alternative he lays before us the boundless fields opened up by the experimental method, using man himself as the subject: "planned investigations", "intensive study of selected cases in which manifestations are deliberately sought or actually provoked."

Throughout the book one is struck by the kindly way in which his patients have always been treated—an essential to be realized from the very beginning by anyone undertaking this work, and without which "clinical science" would find it impossible to continue. No experiment should ever, in any way, impair the welfare of a patient. In Sir Thomas's own words, "Nothing should be done to a sick person which the investigator would not himself permit in similar circumstances to be done to himself or to his wife or child".

The chapter on "Raynaud's disease" is a clear summary of Lewis's, Pickering's and Landis's recent and excellent work on this subject, explaining the colour changes in the skin, and proving the existence of a local fault in the vessels of the hand, not the abnormal vasomotor tone that Raynaud suggested. In the last paragraph of this chapter perhaps some reference might have been made to Jonathan Hutchinson, who realized so well what a rubbish-heap was the term "Raynaud's disease", and who differentiated so clearly the many possible causes of "Raynaud's phenomenon", his name for the syndrome. In this same connection perhaps future editions of the book may mention the interesting fact that forty-two years ago this great clinician used the very term "clinical science" in a paper on "Raynaud's phenomenon".

As examples of careful and long-continued observations, by many people, the chapters on auricular fibrillation and flutter are fascinating to read. James Mackenzie's work with his polygraph, his friendship with Sir Thomas Lewis, and the help afforded by the intricacies of the electro-cardiograph and animal experimentation, make a romantic story far too long to summarize here.

This volume will be seen on the shelves of many students, practitioners and teachers of medicine. It will prove valuable to many sitting for the higher medical examinations; in it will be found, easy to read, much that is not put clearly in the text-books, or has not yet reached the text-books at all. For practitioners, who can say what important advances may not follow chance observations or unusual injuries? This book tells us how best to make use of them if they should perhaps come our way. James Mackenzie's work was built up on his labours in general practice, and Sir Thomas Lewis's explanations of the "physical signs" of aortic regurgitation were based on examination of a man with an arterio-venous aneurysm which followed an unusual gunshot wound of his leg. The criticism is made that treating the sick is a "full-time job", leaving no room for experimental work; but this book, which stresses so frequently the importance of a close association between doctor and patient, shows us how wrong this attitude is. Those in practice have opportunities for studying their patients denied to all others, and surely they have time to make at least one careful observation in their lives.

For those involved in research the personal touch throughout these pages should prove most stimulating. The confidence engendered by an accurate observation, carefully controlled, is especially emphasized, as being so essential a stimulant to forging on when little advance seems to have been made by any one experiment. For men and women who intend to spend their whole lives in helping to solve the problems of clinical science one cannot help wondering, while reading these pages, whether present medical education is adequate; whether for them some special training in precise and critical observation, and reasoned thought, might not well replace much of the temporary memorizing required now for so many of our earlier examinations

J. H. H.

## CLINICAL METHODS.

### THE VALUE OF THE PREGNANCY TESTS.

The literature written on this subject since 1929 is enormous, but only recently has the true value of the various tests, in difficult cases, been elucidated.

The Ascheim-Zondek test, using immature female mice, is completed in 100 hours after the first injection; the Friedman test, using mature female rabbits, is completed in 48 hours after an intravenous injection of urine.

As a method of diagnosis in normal pregnancy, either test is almost completely accurate, and can be employed one week after a period is missed in a woman with a normal menstrual cycle. The pregnancy tests are used in many cases in which the exact diagnosis is obscure; such cases include missed abortion, caruncular mole, premature death of a viable foetus *in utero*, retained products, vesicular mole, chorion-epithelioma and ectopic gestation.

The positive pregnancy test depends on the presence in the urine of the anterior pituitary-like hormone elaborated in response to activity of the chorion, and it is obvious, therefore, that with separation, death, and degeneration of the chorionic villi the test will become negative.

In missed abortion, incomplete abortion and retained products, the pregnancy test may or may not be positive, entirely depending upon whether the chorionic tissue is alive or dead. The pregnancy tests do not indicate the life or the death of the foetus, because in some cases, when the foetus is dead, the placenta remains attached and active for a considerable period. In missed abortion the pregnancy test may remain positive for as long as thirty days after the death of the foetus.

In ectopic gestation it is common to find a false negative test, because the chorionic villi have ceased to live and may be in various stages of degeneration. A positive pregnancy test from a patient with signs and symptoms of a tubal or ectopic pregnancy is of great value; a negative test is of no value, and it is unsafe to assume that an ectopic gestation is not present because the pregnancy tests are negative.

In early pregnancy, with abnormal signs and symptoms which suggest the presence of a vesicular mole, the pregnancy tests are of great value. In normal pregnancy of five months or less the Ascheim-Zondek test may still be positive when a dilution of urine of 1 in 20 is used. If a positive result is obtained with urine diluted to 1 in 50 or more, this is strong presumptive evidence in favour of a diagnosis of vesicular mole. After the evacuation of a vesicular mole the pregnancy test should become negative, even with undiluted urine, within a few weeks. If the positive result persists, especially when using urine diluted to 1 in 50 or 1 in 100, this is strong evidence that a chorion-epithelioma has developed in the uterus. By this means the diagnosis may be made while the tumour is still so small that it is situated in the myometrium only, and in such cases curettage of the endometrium will show no evidence of the growth, although the patient may be suffering from irregular bleeding due only to the coincident changes in the ovaries.

The specimen for the pregnancy test is best obtained in the morning, when the urine is most concentrated. There is no need for a catheter specimen, except when the patient suffers from a considerable amount of vaginal discharge, and it is unnecessary to use any preservative.

J. B.

### A NEW DEVICE FOR VIEWING SURGICAL OPERATIONS.

On Monday afternoon, March 4th, Sir Charles Gordon-Watson operated under circumstances which, for the first time, have enabled a larger audience than usual to watch the details of his technique. This was accomplished by the attachment of a simple reflecting device to the Scyalic lamp over the operating table in Theatre E.

The device consists of a mirror set in a housing which contains a universal joint. The whole unit is attached to an arm from which the lamp is ordinarily suspended. After the field of operation is cleared and properly illuminated ready for the surgeon to proceed, the reflector is adjusted in position by tilting it to the angle which gives a maximum of visibility to those not immediately concerned



THE REFLECTOR IN USE : APPENDICECTOMY.

with the operation. Its total weight is under  $5\frac{1}{2}$  lb., so that it adds no structural burden to the existing lamp suspension. Moreover, it is so designed that its installation consists merely of screwing up two  $\frac{1}{2}$ -in. bolts to the lamp-shaft. No change to any part of the theatre equipment is necessary.

Obviously this reflector is intended only as an aid to visibility when the field of operation is blocked, and not as a substitute for direct vision, which nothing can supersede if it is at all possible. But the favoured ones are few who are fortunate enough to have a direct and uninterrupted view of the operation. With the surgeon, anaesthetist, chief assistant, house surgeon, two sisters and the dresser of the case the field of vision is pretty well obscured. In cases of the deeper wounds, as, for example, in a cholecystectomy, even this select circle of direct viewers is reduced in number.

To those who have had in the past the experience of spending whole mornings or afternoons in the theatre hoping to get occasional glimpses of the operations, the advantages of such a device will at once become apparent. At any rate, the general approval with which it was greeted on its initial and subsequent demonstrations would appear to have well justified its installation.

The reflector is now a permanent fixture in Theatre E.

A. W. S.

### "THE LIFE AND WORKS OF CHARLES BARRETT LOCKWOOD, 1856-1914."

(Continued.)

#### VI. THE TEACHER.

"Without doubt there will be no inquiry and without inquiry there will be no knowledge."—Buckle.

The Rev. John Ward, Vicar of Stratford-on-Avon shortly after Shakespeare's day, made an uncomplimentary classification of doctors as follows: "First, those that can talk but do nothing; secondly, some that can do but not talk; third, some that can both do and

talk ; fourthly, some that can neither doe nor talk—and these get most monie" (12).

Into which category are we to place Lockwood ? His skill as a surgeon compels it to be either the second or third group, and it is worth considering here something of his methods of lecturing and teaching.

His early skill as a Demonstrator of Anatomy and Operative Surgery has already been referred to. He continued demonstrating operative surgery until 1894, and it was not until 1897 that he gave his first formal lectures at the Hospital on Descriptive and Surgical Anatomy. As assistant surgeon he had no opportunity for regular teaching in the wards, except in one respect. A female V.D. ward was given into his charge, as junior

It was Charles James Fox who said that " If a speech reads well it must be a damned bad speech ", but the assertion is not fully justified in the present case. There is, however, no doubt that to some of his hearers Lockwood's formal lectures were a disappointment : " He appeared as if overawed by the importance of his position ; he would hesitate and stammer, be at a loss for a word, and generally give the impression, to a person ignorant of his real ability, that he was not very sure of his subject. Nevertheless the material was always so excellent that no member of the staff ever attracted so large an audience."

On the other hand, there are others who heard him lecture and consider that he had a good incisive delivery,



THE "OLD" THEATRE, "A."



THE "NEW" THEATRE, "B."

The Two Operating Theatres of St. Bartholomew's Hospital in the Early Days of Lockwood's Surgeonship.  
*(Photographs kindly supplied by Mr. J. E. H. Roberts.)*

assistant surgeon, and on Thursday afternoons at 5.30 he made it a practice to take a round. To these rounds students regularly flocked.

As a formal lecturer Lockwood used lucid English, and had a horror of display or rhetoric in any of its forms. One is somewhat reminded of Dr. Johnson's description of Watts, that " he did not endeavour to assist his eloquence by any gesticulations, for, as no corporeal actions have any correspondence with theological truth, he did not see how they could enforce it ".

The simplicity of Lockwood's style is apparent in his published lectures, which have been described as some of the finest essays which have ever appeared in the world of medical literature. Models of clarity, they abound in valuable clinical facts and suggestions and are frequently enlivened by flashes of wit and irony. He liked, too, to make frequent reference to the philosophers and great leaders of history.

and was only put out in his speech if something unexpected occurred.

He himself was certainly more nervous about giving a lecture to students than he was in carrying out a serious surgical operation. Often he would tell one or two of his friends that he rather dreaded these clinical lectures and found them most trying. He invariably prepared them with the greatest of care and wrote them all out beforehand, although he never actually read them in the theatre.

But it was in the giving of informal demonstrations or when teaching in the wards that Lockwood was at his happiest. Then he was always brilliant, forceful and entertaining. Every Monday afternoon the " Pink Firm " used to assemble in an empty theatre, where they all had to examine a patient and give their views upon the case. Lockwood then discussed the subject and questioned them in detail. It was a procedure at

which much experience was gained, and one which emphasized the dictum of Sir William Osler, that "the important thing is to make the lesson of each case tell on your education. The value of experience is not in seeing much, but in seeing wisely" (13).

On his ward rounds Lockwood encouraged a definite anatomical approach to a case. "Ask your questions in an orderly manner and with a clear intent," he would say. "For instance, the patient has obscure abdominal pain. Begin at the mouth and proceed onwards. The mouth suggests the question, 'What can you eat?'; the stomach, 'Have you pain after food?'; the small intestines, 'Do you suffer from flatulence?'; and the large, 'Are you constipated?' 'Have you passed blood?' Of course many other questions have to be asked, but no important one can be forgotten if you follow this plan and think in anatomical order."

As a man with an exceedingly logical mind, he was quick to perceive faulty reasoning in others. He once said that, in his opinion, the absence of a logical training was one of the greatest defects in preliminary medical education and in English education in general. He himself studied Jevons, Mill and others, and frequently advised his more muddle-minded dressers to "go down the Tottenham Court Road and buy a penny book of logic, and read it".

When he described his own chain of reasoning, it was not merely instructive, but educational. One such example is the following: A child had been running a high temperature and pulse for six weeks. An empyema had been opened first on the right side of the chest and then on the left, but it was still very ill, its condition undiagnosed. Lockwood was called in and afterwards described his mental processes as follows: That "first, when this child became ill it had got a severe form of infection. The next step in the reasoning was that this was an infection of the blood. Two considerations pointed to that. How could anything else but an infection of the blood infect first of all the right pleura and then the left? A further reason was that the child had an endocardial murmur. Further, it seemed likely that it was suffering from the infection of the blood with which it began, and I guessed that the organism was either a pneumococcus or a streptococcus. The next step was to ask a pathologist to make a culture from the blood. Afterwards Dr. Horder informed me that he had separated the pneumococcus from the blood" (14).

It would be hard to express a process of logical reasoning in clearer terms or to show more aptly that "Wisdom is the companion of Simplicity". That, in fact, was his attitude. "It is all so simple," he would protest; "why, I would guarantee if I could train a

monkey up to speak about inflammation and send him up to the Colleges, he'd get through."

There are three cardinal rules of diagnosis which Lockwood impressed upon his dressers:—

Firstly: Look at the whole patient.

Secondly: Examine the whole of the diseased part, at rest.

Thirdly: Compare the two sides of the body.

He also insisted upon the importance of seeing what passed from the body, and warned men from giving opinions on things that they had not seen for themselves.



THE OLD STOCKTON HOSPITAL BUILDING WHERE  
LOCKWOOD LEARNED HIS FIRST SURGERY.

Rousseau once said that "much philosophy is required for the correct observation of things which are before our eyes". It is a statement which Lockwood would have fully endorsed, for he recognized that to see anything rightly is one of the hardest of tasks, and that to give a clear and truthful account of what has been seen is just as difficult. He was fond of quoting Sir George Humphry's rules, "Eyes first and much, hands next and little, tongue not at all".

Just as in the days when he demonstrated anatomy, he exhorted students to be in a position to say, "I know because I saw". Thus he encouraged them to get into the habit of wanting to see things for themselves, for to be offered a mere statement, unsupported by evidence, he regarded as an insult to the understanding. The written word was as unreliable to him as was the spoken, and he often insisted that printer's ink had no magical virtues. "What says the little book?" he would

sometimes inquire scoffingly, in reference to a textbook of surgery, written by one of his colleagues. He was exceedingly short wth any student who ventured to quote it. "The best text-books are the patients in the Hospital" was his view.

Lockwood drew as sharp a distinction between what was probable and what was certain as he did between the processes of guessing and of diagnosing. If, in answer to a question, a student replied, "I do not know," he would compliment him on the great progress he was making in the knowledge of his profession.

He set himself to battle against the ready credulity which he encountered, and in its place tried to implant a healthy scepticism. "We enter the temple of science through the portals of doubt" was a phrase that he frequently used. He was always fond of recounting an instance in which a girl said that she had swallowed her false teeth, and could feel them in her throat. "Quite a number of credulous people used the screen and X-rays," he said, "and saw the false teeth in the upper part of the oesophagus. I passed a full-sized bougie into the stomach, and next day the teeth were discovered amongst the bed-clothes."

Sir Farquhar Buzzard has given it as his opinion that : "The most important difference between a good and indifferent clinician lies in the amount of attention paid to the story of a patient." In this matter Lockwood was pre-eminent. He insisted on his dressers finding out every detail that bore upon the case, particularly as to the manner in which the patient arrived at the hospital; but at the same time he warned them to preserve their scepticism, and not to be put on a false scent by the story of a previous injury lately recollected.

Many of the "Pink Firm" dressers succeeded in acquiring "the Lockwood manner" to such an extent that on one occasion he had to say laughingly, "Pon my word, I believe I'm the only chap in this Hospital who believes anything." But he was glad to see evidence of his success when challenging a dresser one day upon the diet of a patient. "Fish indeed!" said Lockwood. "Do you think that just because you see 'Fish' written on his board it follows that he had it?" "Yes, sir," replied the dresser, "because I watched him put it into his mouth, and it measured three inches by two."

When it came to examining a patient, there was no one more careful than Lockwood, and he insisted on a complete examination always being made. His touch was gentle, and he would pass sarcastic comments on those whose Simian ancestry still induced them to "paw things about", or "embark on a grubbing expedition". He was equally scathing about those who palpated with the thumb. "Note the logical reasoning

of Mr. ——", he would say. "Realizing that none of his senses are sufficiently acute, that his sense of touch is the most poorly developed of all, and that his thumb is one of the least sensitive parts of his hand, that is the part which he decides to apply to the tumour." Or, again, to a dresser who, being asked to examine some acute condition, has commenced by deep palpation : "Dr. Jones is asked to see the squire, who walks into the room supporting a highly inflamed organ in his hands. Dr. Jones immediately makes a grab at it, the squire jumps out of his skin with pain, and Dr. Jones gets kicked out of the house ; and serve him right."

To "feel with intent" was the method which Lockwood constantly advocated. His description of how an inflamed knee should have been examined in the proper order and with proper thought is a masterly exposition : "The hand would have been gently laid upon the joint to feel for heat, the tip of the finger would have touched the patella to learn whether it had been hidden by the swelling ; the patella would have been gently pressed to see whether it lay in contact with the femur, and the swelling would be tested for fluctuation ; finally, each constituent of the joint would be felt in turn to try and learn the condition of the capsule, synovial membrane, synovial fringes, ligaments, cartilages, fibro-cartilages and bones."

Lockwood taught men to employ the same exactitude in speech as in observation and palpation. He hated loose phrasing as much as he hated loose thinking ; such qualifications as "I think", "it seems", "a somewhat", and "apparently" were anathema to him. He liked definite conclusions, and when somebody once told him that a child had incipient disease of the hip, he bewildered them considerably when he asked whether the child had or had not got disease of the hip.

He particularly objected to anybody who talked round the point or at unnecessary length, and he often quoted the lines of Hobbes : "Few words are wise men's counters ; they do not reckon by them ; but they are the money of fools." Added to this, he assumed an air of contempt for academical distinctions, university education, and what he called "the physician's mind"; names were not diseases, and he never permitted his dressers to forget it. Medical terms such as "diathesis", "cachexia", "dyscrasia" or "idiopathic" he derided as meaningless abstractions.

But behind all these little conventions was a great earnestness and appreciation of his duty to the patient ; its nature is perhaps expressed best in Matthew Arnold's lines :

"Nor bring to see me cease to live  
Some doctor full of phrase and fame,  
To shake his sapient head, and give  
The ill he cannot cure a name."

No dresser of Lockwood's was ever permitted to be unscientific in his description of the size of objects. Tumours had to be measured accurately, not compared to oranges, nuts, millet-seed and the like. Moreover he thought it exceedingly unpleasant to compare the secretions and excretions of the body to cream, pea-soup, coffee and other kinds of food.

Probably there is nobody who is completely consistent, but a perusal of Lockwood's works shows that he did not invariably manage to abide by his own precepts. In his Hunterian Lecture on Traumatic Infection he referred to an abscess "the size of a hazel nut", which was found near the root of the tongue, while in his book on appendicitis he spoke of another "the size of a pigeon's egg". Again, in his work on The Radical Cure of Hernia, Hydrocele and Varicocele, he speaks of the setting up of "a kind of chronic peritonitis", and also of the size of a testicle which "seemed to grow a little bigger". It is perhaps unjustifiable to choose a few rare instances of this type from the works of a busy man, but the very fact of their being noticeable demonstrates the remarkable exactitude and clarity which he normally adopted and taught others to copy.

This trait of simplicity of statement which characterized him as a teacher leads him to be easily identified as the subject of a clever parody which appeared in the Hospital journal and part of which reads as follows :

"I do not describe a patient's history of his present condition as his anamnesis, nor, although in this case the meaning might more probably be guessed, do I talk of edulcorating solutions or advising nursing mothers on the subject of ablation. Fine as the words sound, I do not convict a patient of monoblepsis when all I wish to explain to him is that one of his eyes in a non-starter; and I should not be surprised at the evident signs of incomprehension on the faces of my audience if, in describing my capabilities, I announced myself as a chiologist whom they would fail to recognize as one able to talk the deaf and dumb language, or as a specialist in the correction of balbutitions when I meant to pretend merely that I had a cure for stammering" (15).

This article was sent to Lockwood for his approval before publication. It was returned with one word deleted, his explanation for the correction being that the majority of people in the Hospital had no sense of humour.

When he took his rounds in "Kenton" and "Lucas", Lockwood demanded and got perfect silence in the wards; he used to sit at the bedside owing to his difficulty in remaining standing for long periods. Although his bedside teaching was often detailed, he always stressed fundamental principles, and emphasized points that would be of importance in private practice.

Sometimes the sarcasm of his wit would be but mild. One of his house surgeons has recounted such an instance:

"Smith, the dresser, is cross-examined on the treatment of a case of post-anæsthetic vomiting. Smith exhibits a pronounced degree of agnosticism, not to say

indifference. Up would go Mr. Lockwood's left hand to his eye in perfect imitation of the pince-nez of 'the old lady', the patient's mother. 'Dr. Smith, do I understand that you *really* mean to allow my *dear* child to go on being sick like this? I hear there's a *very* clever Scotch doctor just opposite you; don't you *think* we had better call him in?'"

On other occasions his causticity was such that dressers would wish themselves at the far end of the earth. Some thought that the fact that so many of his sentences began with the words "I myself . . ." showed inordinate conceit, and many objected to the habit he had of "taking hold of your coat and putting his face close to yours, when he wished to be impressive". Its only effect was to make most people uncomfortable. Inevitably, with so forceful a personality, Lockwood created in his students either a feeling of intense respect and admiration or utter fear.

As a teacher, he never set out to be inspiring, but there were few who did not catch from him something of the spirit of thoroughness and determination which governed his own work. In one of his addresses he gave a glimpse of his own idealism. He was referring to the late Mr. Walsham, whom he had overheard saying to a student, "I am sorry you failed at your examination, but of course you will try again". Lockwood went on : "The beaten one with craven heart said that he thought that he had had enough, and would not try again. I shall never forget the scornful indignation with which Walsham exclaimed, 'I would rather die than be beaten', and he meant what he said. He indeed had the true spirit. A man who would not rather die than be beaten is not fit to be a surgeon".

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E. C. O. JEWESBURY.

(To be concluded.)

#### FAVOURABLE INFLUENCE OF STOUT IN A CASE OF ULCERATIVE COLITIS.

**T**HAT the cliché—"Post hoc—propter hoc?" can be invoked in this case may be undeniable, but nevertheless to one who watched the course of the condition throughout several months, the fact that the point at which the patient's downward

progress halted and was succeeded by steady improvement can be so definitely timed, offers hope that this report is not entirely based on pure—or even false!—hypothesis.

The patient, Edward —, a shop assistant, æt. 17, was admitted to the Essex County Hospital on October 27th, 1934, complaining of "diarrhoea". He had been well until 4 weeks before admission, and had then commenced to suffer from diarrhoea, passing between four and six stools in the course of 24 hours, the motions being fluid, dark and offensive. Two weeks before admission his stools became blood-stained, and during that period he remained in bed prior to admission to hospital.

Patient, in giving his history, stated that his appetite had remained quite good, that he did not suffer from "indigestion" or flatulence, but that he had occasional gripping abdominal pain rendered worse by defaecation. He spoke of having had an attack of diarrhoea 6 years previously, lasting for one week.

On examination the salient points which presented themselves were: a thin, pallid, definitely ill-looking youth with pale mucous membranes, furred tongue and offensive breath. The abdomen was slightly distended and there was tenderness on palpation over both the ascending and descending colon. Rectal examination caused pain, and the examining finger on withdrawal showed a covering of mucus.

His weight on admission was 7 stone 4 lb. 8 oz., and his motions, which contained blood and mucus, were devoid of any true faecal material. A blood-count shortly after his arrival in hospital showed 3,920,000 red cells, haemoglobin 68%, and 10,200 leucocytes.

During the ensuing weeks the condition and number of the patient's motions showed little, if any, alteration, while his temperature ranged between 100° and 103°.

The minutiae of the various treatments carried out are clearly not within the province of this article, but it may not be out of place to remark that, throughout, the vitamin intake in the patient's diet was ensured by means of radiostoleum (A and D), marmite (B), orange-juice (strained) (C).

Loss of weight was progressive, the diagnosis of ulcerative colitis was confirmed by sigmoidoscopy on November 19th, 1934, and appendicectomy performed on December 5th, 1934, by which date the patient's weight had fallen to 5 st. 13 lb. No change for the better was observed in the number or quality of the motions, nor in the general condition following this last procedure, and on December 31st the patient weighed only 5 st. 6 lb.

At this juncture it was decided to provide the lad with one glass of stout (suffice it to say that the brand is by no means unknown!) daily, and it so happened that the diet and treatment were not modified in any other way at the time, nor during the subsequent 4 weeks.

By January 14th, 1935, the patient's weight had reached 5 st. 10 lb. 8 oz., the number of stools had fallen to an average of 3 in the 24 hours, while a small amount of faecal material had made its appearance; and on January 28th his weight stood at 6 st. 3 lb. 4 oz., one stool of thick faecal material devoid of blood and pus, and showing faint signs of formation, was the extent of his bowel action in 24 hours, while the youth's general condition and interest in life were markedly improved.

There the writer's connection with the case terminated. No doubt this humble exposition lays itself open to the most damaging criticism, nevertheless, one, at least, who observed the case from October to February will not be shaken in his belief, nor will the glass of stout be discontinued as things are at present—a sentiment which I know the patient will endorse very readily!

J. R. R. JENKINS.

## A CASE OF PURPURA HÆMORRHAGICA.

**P**URPURA hæmorrhagica has been clinically divided into two groups, acute and chronic, the former variety being comparatively rare. The results of splenectomy in 101 cases (excluding the one reported here), of which 12 were acute and 80 chronic (9 unclassified), show that the mortality in acute cases is 83·3%, and in chronic cases 11·8%. In the majority of chronic cases the results are good, i.e., there are no recurrences of symptoms. Thus splenectomy is more suitable for the chronic case, in which it may be that the disease is confined to the spleen, while in the acute, the whole of the reticulo-endothelial system may be concerned, or there may be a deficiency in platelet formation, apart from aleukia hæmorrhagica.

Joyce R—, æt. 9½, was admitted into Luke Ward under the care of Dr. Graham, November 23rd, 1934, complaining of (1) bleeding from gums and lips, (2) bruises, (3) red spots on chest and abdomen.

*History of present condition.*—She was in her usual state of health until about 9 weeks previously, when petechiae appeared on the trunk. The patient was admitted into a children's hospital in London, where she was given two injections of horse-serum. She developed a high temperature after the second, and this treatment was discontinued. The condition cleared up and the patient was discharged from hospital.

4½ weeks before admission fresh petechiae appeared, and oozing from the mucous membrane of the mouth commenced; also some bright red spots were noticed in the sclerotics, and spontaneous bruises appeared. The symptoms were similar until admission.

*Past history.*—7 years ago she first noticed pain in the knee-joints. This has recurred until recently at varying intervals of a few weeks to a few months; on occasions she has also had pain in ankle- and elbow-joints. There has been no definite attack of acute rheumatism; though the pains have been ascribed to this cause.

2½ years ago a systolic murmur was discovered while the patient was in Great Ormond Street Hospital for observation on account of joint-pains.

2 years ago the spleen was noticed to be enlarged when the patient was in the London Hospital for operation on glands in neck. 2 years ago some teeth were extracted at Great Ormond Street Hospital and the subsequent haemorrhage was difficult to stop. Until 9 weeks ago the patient has been in fairly good health; she has always bruised easily.

*Family history.*—An only child of first cousins. No history of purpura or haemophilia. Parents' bleeding times under 2 minutes.

*On examination.*—A pale, ill-looking girl, sitting up in bed. Temperature 99·4° F.; since admittance varied between normal and 100°. Pulse 130; good volume and regular rhythm; not water-hammer. Respirations 30.

The blood-pressure was 110/60; armlet was left on 3 minutes at mid-pressure. No petechiae appeared, but subsequently this test was positive.

The hair, scalp and eyes were normal; no retinal haemorrhages. The voice was hoarse, and there had been haemorrhages into the lower lip. There was a marked foetor oris. The tongue was slightly furred and moist; the gums were swollen and bleeding; but were not the typical spongy gums of scurvy.

The tonsils were absent, the fauces normal; there was slight bleeding from back of pharynx. The ears were normal; no glands were felt in the neck, but a venous pulsation was present both sides. Some old and recent petechiae were seen on the chest; the lungs were normal. The area of cardiac dullness was slightly increased in size, and at the apex a soft systolic murmur was heard, which was conducted to the posterior axillary line; otherwise the heart was normal.

There were numerous old petechiae on the abdomen; the liver was felt two fingers' breadth below the costal margin; it was smooth and firm. The spleen was felt three fingers' breadth below the costal margin; it was firm, smooth and mobile.

There was some bruising on the right foot and ankle. The central nervous system was normal.

The urine was normal on admittance ; no red blood-cells in centrifuged deposit. After a week in hospital it became red owing to the presence of blood.

The stools showed blood by the chemical tests. Later there was obvious melena.

**Blood-count.**—Haemoglobin 36%, red blood-cells 2,350,000, colour index 0·76, platelets 85,000, white blood-cells 5600, polymorphonuclears 2800 (50%), lymphocytes 2576—large 168 (3%), small 2408 (43%)—eosinophils 56 (1%), basophils nil, large mononuclears 168 (3%).

The red blood-cells showed an increased degree of anisocytosis and poikilocytosis, and were lipochromic. No abnormal staining reactions and no nucleated forms were seen.

Another count was substantially the same as the above.

The coagulation time was not increased.

The bleeding time was something over 2½ hours, the control being 1½ minutes.

29.xi.34 : Haemoglobin 39%. 300 c.c. blood transfusion ; haemoglobin afterwards 47%. Blood appeared in the urine before the transfusion. The capillary resistance test was noticed to be positive after the transfusion.

5.xii.34 : The patient was transferred to Harmsworth Ward. 450 c.c. blood were given into a vein in the right foot. The incision was still oozing the next morning.

6.xii.34 : An operation for splenectomy was performed by Mr. J. E. H. Roberts. G.O.E. was administered by Mr. Frankis Evans. A left Kocher's incision was made, and a great deal of bleeding was encountered in the tissues of the abdominal wall ; snake venom, 1 in 100,000, was applied, but it had little effect, and the hemorrhage was controlled by ligature of all the bleeding points. There were no adhesions, and the spleen was removed without difficulty ; accessory spleens were sought for and three were found and removed. The spleen was much enlarged in size (8 in. by 4 in. by 2 in.). The oozing from the margins of the incision was very much less after the removal of the spleen.

The operation was followed by a 500 c.c. blood transfusion into the great saphenous vein. Immediately before the operation the bleeding time was something over an hour. The big toe was punctured at the beginning of the operation ; the bleeding stopped in 50 minutes (5 minutes after the removal of the spleen). Two further bleeding times were estimated in the ward immediately after the operation ; the first was 30 minutes and the second 15 minutes.

It was seen immediately after the operation that the face was badly bruised where the mask had fitted.

One of the transfusion wounds continued to bleed for a time, but this was stopped by snake-venom.

The patient made a good recovery after the operation ; blood disappeared from the urine and stools after a day or so ; no fresh petechiae or bruises appeared.

The oozing from the gums had stopped the next day.

7.xii.34 : Haemoglobin 45%, platelets 90,000.

12.xii.34 : **Bleeding times :** Ear and finger, each 2 minutes ; control, same.

19.xii.34 : Haemoglobin 65%, red blood-cells 3,700,000, colour index 0·9, white blood-cells 10,400, platelets 220,000.

3.i.35 : Haemoglobin 72%, red blood-cells 4,300,000, colour index 0·9, platelets 220,000. **Bleeding time** 1½ minutes, control same.

The patient was discharged in good health ; there was no evidence of petechiae or bruising ; the gums were normal and there was no foetus oris.

23.ii.35 : The patient was still well ; the systolic murmur had disappeared, but there had been further attacks of joint-pains.

The above case should be classified under the chronic type : the symptoms appeared gradually, first the petechiae and spontaneous bruising ; a month or so later, bleeding from the mucous membranes ; and later still, haematuria and melena.

This case is typical of purpura haemorrhagica ; there was no evidence of symptomatic purpura ; the blood-picture was not that of aleukæmic leukaemia or aleukia haemorrhagica. It may be impossible to distinguish

the latter from acute purpura haemorrhagica (purpura fulminans), and this may account in part for the bad statistics for operations on the acute type of disease.

If the primary purpuras (included under the name "haemorrhagic diathesis") are manifestations of the same disease, it might be expected that anaphylactoid and haemorrhagic symptoms would sometimes present themselves together or at different times in the same patient. In this patient the disease has been haemorrhagic only, from the start. The joint pains were probably due to rheumatism, and not Schönlein's purpura, as the joints have never swollen, and the pain has recurred on one or two occasions since the cure of the purpura.

In some cases, after splenectomy, the platelet count has been increased above normal, yet the bleeding time has also remained high ; in others the platelet count has been subnormal and the bleeding time normal. In this case both are normal. This is the commonest result.

The results of operation on this patient might be described as dramatic, but there was not that sudden return to a normal bleeding time when the splenic vessels were clamped that has been mentioned. The return to normal was more gradual, for, an hour after the end of the operation the bleeding time was still 15 minutes. It would appear that the haemorrhages stopped before the platelet count rose.

I wish to thank Dr. Graham and Mr. J. E. H. Roberts for their help and permission to publish these notes, and also Dr. Oakley for his help.

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H. JACKSON.

#### STUDENTS' UNION.

##### ASSOCIATION FOOTBALL CLUB.

*Inter-Hospital Junior Cup Final.*

ST. BARTHOLOMEW'S HOSPITAL v. ST. MARY'S HOSPITAL.

This match was played on the London Hospital ground on Friday, March 15th, before a small crowd.

The weather and ground were first class, and Bart.'s, losing the toss, had to face the sun and a slight breeze.

The game started with an early Bart.'s attack, but Mary's immediately retaliated and attacked for about twenty minutes. Their approach work was good, but their finishing poor. Good work by Harold and McGladdery, however, kept them out. Bart.'s attacks were somewhat spasmodic, mostly resulting from free-kicks against C. M. Squire, the opposing left half, or from good passes by Waring.

The first goal was scored by Bart.'s from a breakaway, a rather high kick down the middle by Darke being diverted past their goalkeeper by Pearce.

Our forwards now began to improve, and for the last twenty minutes

of this half were mostly attacking. James went near with two shots, one of which went just over the bar.

Half-time : Bart.'s 1, Mary's 0.

Bart.'s scored again after a few minutes of the second half.

Mary's now began to attack in earnest, and soon scored through their inside left, who was left unmarked a few yards out. Only good defence by Cooper and the backs kept them from scoring. Harold's clearances were first class, finding their man every time.

After this, however, Bart.'s took the game in hand, and the whole side played well. Pearce scored a very good goal by a burst between the backs to pick up Waring's through pass, and a good left foot shot. A few minutes later Pearce scored his third goal following good combination. Fisk received the ball from a half-back, made ground and passed across to Hopkins. Hopkins centred and Pearce again shot well.

There was no further score, but Bart.'s went near several times, Fisk putting in a fine shot, which the goalkeeper did well to save.

Thus Bart.'s retained the Junior Cup. They owe much to Cooper, James and McGladdery, who were very safe. The halves, especially Waring, were sound, and the forwards combined well, especially the left-wing pair, James and Hopkins.

*Result.*—Bart.'s 4, Mary's 1.

*Team.*—E. J. F. Cooper (*goal*) ; J. P. McGladdery, J. V. T. Harold (*backs*) ; G. H. Darke, J. W. B. Waring, K. B. Scott (*halves*) ; G. R. Fisk, P. McA. Elder, H. A. Pearce, C. T. A. James, J. V. Hopkins (*forwards*).

#### INTER-HOSPITALS CROSS-COUNTRY CHAMPIONSHIP, 1934-35.

This was run at Motspur Park, from the London University headquarters, on Wednesday, March 13th, and resulted in an easy victory for Bart.'s, who thus avenged their defeat at the hands of London last year. Bart.'s, by wonderful packing, made sure of the result with their first four men home, who finished in a bunch before the first London man. This once again demonstrates the value of packing in a team race, that is, learning to run as a team and not as individuals—a point which cannot be emphasized too much. The result is even more gratifying, as most of the team are young, and have several more years at the Hospital, which should ensure our keeping the trophy for a number of years. Although the whole team ran well, particular mention should be made of G. A. Beck, a freshman, who ran a very well-thought-out race to finish first for us; his ability to use his head as well as his feet promises a bright future for him.

As for the race itself, about 25 runners started, representing five hospitals, with Bart.'s possibly slightly favourites. The weather was very kind, the sun shining, although there was quite a stiff wind to face on the way home. As usual, Etheridge (Guy's) started as though he were only running a half mile instead of a cross-country race, and soon established a comfortable lead, which he maintained throughout the race, in spite of the valiant attempts of Price (Middlesex), running as an individual, to reduce it. These two were followed by Williams (Bart.'s), Page, the London "miler", Lewis (London), and Kinnear (Bart.'s).

Page, however, was not in such good training as last year, and could not hold the pace, while Beck and Black (Bart.'s) who had started slowly, crept up to the leaders, and about two miles from home it was obvious that Bart.'s held a comfortable lead over their rivals. Our scoring five was completed by Dalley.

Our thanks are due to the President of the U.H.H.H., Dr. Lethaby Tidy, who, with Drs. Clarke Kennedy and Munro, started and judged the race.

*Placings.*—(1) A. E. J. Etheridge (Guy's), 36 min. 37 $\frac{1}{2}$  sec.; (2) A. E. K. Price (Middlesex), 37 min. 8 sec.; (3) G. A. Beck (Bart.'s), 38 min.; (4) G. T. S. Williams (Bart.'s), 38 min. 20 sec.; (5) K. O. Black and A. I. Kinnear (Bart.'s) 38 min. 21 sec.

*Team result.*—(1) St. Bartholomew's, 2, 3, 4, 5, 13 = 27. (2) London, 6, 7, 8, 10, 11 = 42. (3) Guy's, 1, 9, 12, 14, 15 = 51.

#### BOXING CLUB.

The Boxing Club has suffered a severe blow in the loss of four of last year's United Hospitals champions, and was unable to retain the Cup this year. However, the competition has served to bring on some promising new material, and we should be well in the running for the Cup again next year.

In the semi-final of the bantam-weights C. F. Bose won his fight with J. N. Arthurs (London) fairly easily. The first round was

very tame, but Bose scored with some good lefts. As the fight progressed Bose warmed up and scored with some good left hooks, and his quick "shifts" to the south paw style of boxing had his man badly puzzled.

Our representative in the feather-weights, T. P. Storey, was beaten by McDowell of St. Mary's after a very good fight. Storey is as yet inexperienced and should improve considerably.

In the semi-final of the light-weights James put up a very plucky fight against one of the cleverest boxers in the competition, C. Halamandres of Guy's. James was outpointed in every round, but nevertheless he retained the offensive and scored with a number of telling blows to the head. This was a very promising first appearance.

It was unfortunate for everyone that Slope and Owen-Smith met in the semi-final round of the welter-weights, for the fight was one of the best of the evening and deserved to be kept for a final. Slope scored first with straight left that sent his opponent sliding back to his corner, but Owen-Smith came back smiling and the fight was on. Although his opponent was very elusive, Slope scored well by direct methods and held the offensive in spite of some good counter-punches. Owen-Smith gained an early advantage in the second round with three well-timed right cross-counters, but Slope finished a rousing round with a strong two-handed attack. In the final round Slope started off very fast and piled up points, but his opponent's experience and good footwork helped him and the round finished level. The judges differed in their decision and Owen-Smith won on the referee's casting vote. It was hard luck on Slope, but in such a close fight the referee's decision is not to be disputed. Slope is to be congratulated on putting up such a fine show against a very experienced man, and he is not to be discouraged because his right-hand punches did not tell as heavily as usual, for Owen-Smith has the knack of taking them on the retreat.

In the first series of the middle-weights J. R. Taylor defeated Griffin (Guy's) in a good fight in which Taylor clearly showed his superiority. In the semi-final Taylor lost to Welphy of St. Mary's. The fight started slowly and few good punches were landed in the first round. In the second round Taylor scored heavily with right uppercuts as his opponent came in and won the round, but he overdid his right-hand punches in the final round and Welphy was able to keep clear of them and use his advantage in weight and reach to turn the verdict in his favour. Taylor put up by far his best performance in the United Hospitals Competitions, and his boxing appears definitely to have improved.

Nicholson won his fight with Waterfall of London Hospital in the second round, as the latter had to retire with a badly cut eye. Nicholson has a curious weaving style, but landed some good punches, and promises to develop into a useful boxer under Matt Wells's tuition.

Bose had a harder task than was expected in winning the bantam-weights, his final with B. D. R. Wilson, of St. Thomas's, being very closely contested. Bose has developed a habit of standing still and waiting for his opponent to attack, but Wilson bored his way in to close quarters and worried Bose with his in-fighting. It was not till Bose took the initiative and scored with some really good straight lefts that the fight began to tell in his favour. He was not to be seen at his best in this fight, and we hope he has learnt a lesson from it. That his best is very good is proved by his winning his weight in the Universities and Hospitals Competition in February at the Stadium Club, on which he is to be heartily congratulated.

Our remaining finalist, Nicholson, went down gamely to a very hard hitter, R. W. N. Ross of St. Mary's, who has not yet been beaten in this competition.

So the Cup went to St. Mary's with St. Thomas's runners-up; we have a whole year yet before we can retrieve it. It is keenness and a team-spirit within the Club that is the keynote in winning the United Hospitals Cup, and it is hoped that any who are interested in boxing, whether experienced men or rank novices, will attend the training evenings when the Club recommends activities in October.

The results of the United Hospitals Competition were :

#### Bantam-weights.

Semi-final : C. F. Bose (Bart.'s) beat J. M. Arthurs (London) on points.

Final : Bose beat B. D. R. Wilson (St. Thomas's) on points.

#### Feather-weights.

1st series : McDowell (St. Mary's) beat T. P. Storey (Bart.'s) on points.

Final : F. W. Rees (St. Thomas's) beat H. S. Samuel (Middlesex) on points.

*Light-weights.*

Semi-final: C. Halamndres (Guy's) beat C. A. James (Bart.'s) on points.

Final: Halamndres beat D. Rees (St. Thomas's) on the casting vote.

*Welter-weights.*

Semi-final: H. G. Owen-Smith (St. Mary's) beat J. T. Slowe (Bart.'s), on the casting vote.

Final: Owen-Smith beat G. S. Frost (London) on points.

*Middle-weights.*

Semi-final: T. Welphy (St. Mary's) beat L. R. Taylor (Bart.'s), on points.

Final: C. P. Warren (London) beat Welphy on points.

*Light-heavy-weights.*

Semi-final: C. G. Nicholson (Bart.'s) beat W. B. Waterfall (London), retired.

Final: R. W. N. Ross (St. Mary's) beat Nicholson in second round.

*Heavy-weights.*

Final: D. Stephens (St. Mary's) beat P. J. Fletcher (Guy's) on points.

## SAILING CLUB.

The 1935 season which is now beginning promises to be the most successful that the U.H.S.C. has yet had, and the facilities for inexpensive sailing provided are such that they deserve to be better known in the Hospital.

The barge "Harry" has been converted into a comfortable and commodious clubhouse, fulfilling a long-felt need for an independent headquarters at Burnham-on-Crouch, and on board her members will find excellent changing accommodation. A charge of one shilling is made for a pipe cot and blankets per night, while sheets may be had for a further shilling and retained for use as long as thought fit. There is also a lounge where meat and drink can be obtained from the Steward at very reasonable prices.

The Club has a fleet of nine 15-foot dinghies which may be taken out by members at any time, and these are raced regularly throughout the season in competition for several Cups.

A regatta open only to Bart.'s members is to be held during the second half of April, and it is hoped that there will be a large number of entries for this.

Cruising men are reminded that a Cup is presented for the best log of the year, and that Burnham is an ideal centre at which to station their boats, while by flying its burgee they can do much to help the Club become better known among sailing men.

An annual subscription of 10s. entitles members to use of the clubhouse and dinghies free of charge, and any men interested in sailing and wanting further details should communicate with the Secretary of the Hospital Branch, G. C. Brentnall.

## ATHLETIC CLUB.

At the Annual General Meeting, held on Friday, February 22nd, 1935, the following officers were elected:

*President*: Mr. T. H. Just.

*Vice-Presidents*: Prof. G. E. Gask, Mr. H. B. Stallard, Sir Charles Gordon-Watson, Mr. W. E. Underwood, Mr. R. M. Vick, Mr. W. Girling Ball, Mr. J. P. Hosford, Mr. H. W. Rodgers, Mr. H. G. Bedford Russell and Dr. Geoffrey Evans.

*Captain*: C. M. Dransfield.

*Hon. Secretaries*: G. T. S. Williams and S. P. Shields.

*Committee*: W. H. Jopling, J. G. Youngman, J. G. Nel, C. P. Risilly, K. O. Black, G. Dalley, G. A. Akeroyd, N. J. P. Hewlings and D. B. Fraser.

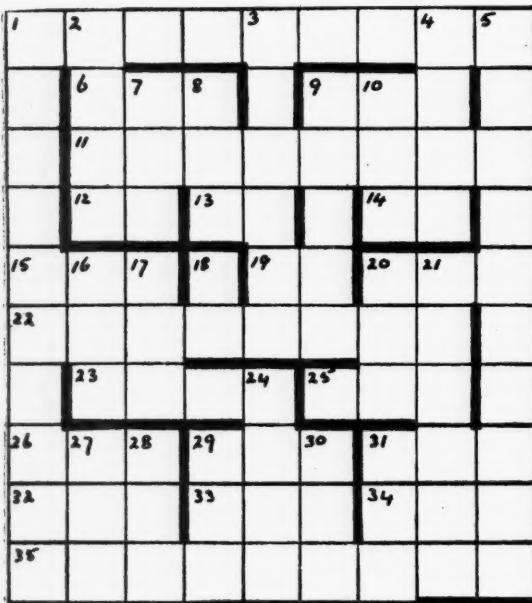
## COLLEGE APPEAL FUND.

## SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff . . . . .	12,902	15	10	(72)
Demonstrators . . . . .	1,733	2	0	(70)
Students . . . . .	956	19	9	(304)
Old Bart.'s men: . . . . .				†
†Bedfordshire . . . . .	30	3	6	(7)
Berkshire . . . . .	123	3	0	(16)
†Buckinghamshire . . . . .	82	4	0	(15)
†Cambridgeshire . . . . .	193	16	0	(18)
†Cheshire . . . . .	6	16	6	(3)
†Cornwall . . . . .	31	11	0	(8)
Cumberland . . . . .	5	0	0	(1)
Derbyshire . . . . .	19	14	0	(4)
†Devonshire . . . . .	574	0	0	(53)
†Dorset . . . . .	52	11	6	(14)
†Durham . . . . .	17	7	0	(4)
Essex . . . . .	254	3	6	(20)
†Gloucestershire . . . . .	238	7	6	(27)
Hampshire . . . . .	470	7	0	(49)
†Herefordshire . . . . .	17	12	0	(4)
Hertfordshire . . . . .	86	13	0	(18)
Huntingdonshire . . . . .				(1)
Isle of Wight . . . . .	186	13	0	(13)
†Kent . . . . .	584	1	0	(71)
Lancashire . . . . .	96	4	6	(13)
Leicestershire . . . . .	136	15	0	(7)
Lincolnshire . . . . .	59	7	0	(18)
Middlesex . . . . .	458	2	0	(31)
Norfolk . . . . .	178	0	6	(21)
Northamptonshire . . . . .	50	14	6	(6)
Northumberland . . . . .	101	1	0	(2)
Nottinghamshire . . . . .	24	3	0	(5)
†Oxfordshire . . . . .	221	5	0	(22)
Rutland . . . . .				(2)
Shropshire . . . . .	38	1	0	(10)
†Somersetshire . . . . .	1,180	3	0	(28)
Staffordshire . . . . .	194	18	0	(6)
†Suffolk . . . . .	324	4	0	(25)
Surrey . . . . .	494	9	6	(59)
Sussex . . . . .	533	12	0	(60)
Warwickshire . . . . .	184	7	6	(20)
Westmorland . . . . .	2	10	0	(1)
†Wiltshire . . . . .	1,010	11	0	(12)
†Worcestershire . . . . .	160	0	6	(25)
Yorkshire . . . . .	344	18	6	(27)
Wales . . . . .	67	10	0	(18)
London . . . . .	7,557	11	8	(201)
Channel Islands . . . . .	20	0	0	(2)
Scotland . . . . .	15	5	0	(5)
Abroad . . . . .	114	1	0	(13)
South Africa . . . . .	366	15	6	(19)
Canada . . . . .	114	3	6	(8)
East Africa . . . . .	87	12	0	(10)
West Africa . . . . .	146	10	0	(5)
India . . . . .	206	2	0	(12)
Ireland . . . . .	25	4	0	(4)
North Africa . . . . .	1	0	0	(1)
North Borneo . . . . .	5	5	0	(1)
Australia . . . . .	122	2	0	(6)
China . . . . .	52	8	4	(9)
Siam . . . . .	10	0	0	(1)
France . . . . .	50	0	0	(1)
British West Indies . . . . .	50	8	0	(5)
Straits Settlements . . . . .	7	1	0	(3)
New Zealand . . . . .	6	1	0	(3)
Services . . . . .	642	2	6	(46)
Others . . . . .	53,466	9	5	(456)
Lord Mayor's Appeal . . . . .	17,990	16	0	
Funds of College . . . . .	8,000	0	0	
Value of Building . . . . .	20,000	0	0	
	<b>£138,493 16 6</b>			

\* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

## PEPYS AT BART.'S.



20 ac. 6 rev.

13 Bartholomew's Spittal, it being View Day, and there so great a presse, that I must needs enter by the 14 gate; so without seeing 5, for which I am sorry, he being of longer standing than any there, but headed little on account of his 22 position. But did find 1 ac., who owed everything to him, a centre of attraction, and, going up, did note an absence of 20 dn., which is 7 strange; and that the 31 acs. did carry certain ingenious 21 at their feet. And here, toward, a learned discussion; whether it were a 33, or more than 6 anag., or possibly a 4.

8 and 13 the 11, and there meeting Dr. B. did ask, in jest, Had he taken one of his own 31 dn.- uses, he looking so fat; but he did take me up in earnest, saying how 1 dn. was disappearing from medicine, and more faith in simple measures, mentioning 28 15 treatment and 6's in the morning. While talking thus my eye did wander to a comely 16 blonde, no older than a 29 dn., in a pink-23 uniform; the sight whereof did afflict me with temporary 3 and an uncontrollable 35 ptosis.

Thence to 18's anag., which is strictly 12, 30 de vie being forbidden (and even 34 deprecated 27, I am told); so, with a thirst, to the bottom right-hand corner, where did see several probable 9 dn. and 19's for the 25, across the 9 ac. As we 2 I 2 my modest 32, and it did displease me mightily to see how some had dropped counterfeit 24's into the plate (what did 17 give?). So to 26 anag. in the 10-room and consume cold 29 ac. and beer until late.

And so 13 13 rev.

A. R.

Solutions may be sent to the Editor. A *de luxe* copy of *Round the Fountain* will be given to the sender of the first correct solution opened after April 25th. Envelopes should be marked "Crossword".

## BRIGHTER SURGERY.

## SMITH-PETERSEN'S OPERATION.

A great-aunt of mine aged seventy-nine,  
Admittedly rather a dreamer,  
One day in her flat fell over the cat,  
And fractured the neck of her femur.

I, her medical man, said "I'll do what I can,  
But nowadays there is a cult, aunt,  
Of men who push in a Smith-Petersen pin;  
I'd advise you to see a consultant".

This she did the next day, and on the X-ray  
The head was in fair apposition.  
So they seized the old dame, strapped her onto a frame,  
Like they used in the old Inquisition.

Soon that great-aunt of mine, like an old porcupine,  
All tied up by bandage and rope,  
Lay bristling with pins, while I, for my sins,  
Supplied the appropriate dope.

In short, she got well, and (I shudder to tell  
Any facts that are not strictly true),  
She's amazingly supple, and one of a couple  
Of tap-dancers in a revue.

\* \* \*

*If you're of the number who, dancing the "Rumba",  
Or after a surfeit of gin,  
Fall, like my relation, without hesitation  
Demand a Smith-Petersen pin.*

A. B.

## REVIEWS.

THE ANATOMY OF SURGICAL APPROACHES. By L. C. KELLOGG, A.B., M.D. (London: Baillière, Tindall & Cox.) Pp. x + 134. Figs. 29. Price 7s.

This book combines information of value in learning operative surgery with practical instruction to the student of anatomy in the matter of its future application. Each part of the body is taken in turn, and descriptions given of the methods of approach to the principal vessels and nerves. In the section on the upper extremity there is also a valuable account of the surgical anatomy of suppuration and methods of drainage of collections of pus in the palmar spaces.

The section on the abdomen is perhaps too brief in proportion to the others, when it is remembered how great is its importance in surgery. But the book on the whole is well and clearly set out and the illustrations good. It is a pity that there are not more of them, particularly in the descriptions of ligation of arteries.

DISEASES OF THE HEART. By COWAN and RITCHIE. Third edition (Arnold.) Price 30s. net.

In its third edition this book has, as the authors say, been largely re-written, and though the arrangement of the chapters is a little difficult to understand, the book as a whole gives a very full account of the diseases of the heart.

An attractive feature is the frequent illustration of the subject-matter by brief accounts of clinical cases; this is a point of real value in a book of this kind. The plates and other illustrations are excellent, and fit in well with the general architecture of the book. The style is clear, and the descriptions of diseases are full, and yet not obscured by unnecessary detail. The chapter on electrocardiograms is good, and so is the discussion on angina pectoris and its relation to coronary thrombosis. There is no attempt to make minute subdivisions, but rather a conception of the heart as a living organ whose diseases are bound to merge into one another.

HYGIENE FOR NURSES. GUY and LINKLATER. (E. & S. Livingstone.) Price 5s.

The subject-matter in this little book is simply and clearly stated, emphasizing especially those principles of hygiene with which the nurse is chiefly concerned, the section on personal hygiene being presented in a more attractive form than is the case in most text-books dealing with this subject.

The publishing of the third edition is evidence of its popularity amongst nurses in training, for whom it was written.

half-hour's job for the house surgeon whose personal duty it was. And that was not in the Lockwood "firm".

He was at times singularly shy and diffident. In those days "surgical consultations" were held every Thursday afternoon in the Old Theatre, and the whole Surgical Staff would be present to discuss difficult cases. On Lockwood's first Thursday after appointment there was a full turn-out, including the great Sir William Savory himself. Lockwood, as the most junior man, was called upon first to give his opinion. To the surprise of his dressers, congregated in the front row of onlookers, Lockwood was overcome by his august audience and was terribly nervous. By a quick and cruel bit of staff work his dressers—who had been badly ragged that morning—all concentrated their gaze on a certain part of his clothing which should have been—and, as a matter of fact, *was*—securely buttoned. Now C. B. L. was as tidy and precise in his clothing as he was in his mind, and this concentrated glare upset him completely. He dare not invite further attention by looking down, but, behind a towel held in his right hand, he made frantic attempts to fasten the button which was already secure, to the great merriment of the Seniors, who had quickly tumbled to what was going on, and to the further distress of C. B. L.

Lockwood's rather cold manner and caustic tongue did not make for personal popularity among the general crowd of students, but he loved a man who stood up to him, and was almost worshipped by those sick students who came under his professional care. He was a brilliant surgeon and a brilliant teacher.

Yours faithfully,

MAURICE G. PEARSON.

Durban;  
March 10th, 1935.

## CORRESPONDENCE.

C. B. LOCKWOOD.

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—I have read your contributor's articles on C. B. Lockwood with much delight; they bring back many amusing and pleasant memories. I first knew him when he was Senior Demonstrator of Anatomy and a terror to the new and inexperienced students, of whom I was one. On my first day in the "Rooms" I was given an arm to dissect, and with Ellis's *Dissections* before me I proceeded to turn down a large skin-flap, including everything down to the pectoral fascia, quite regardless of cutaneous nerves, etc., of whose existence indeed I was blissfully unaware. Lockwood looked on for quite ten minutes with a grieved air, and then said: "Mr. P.—, did anyone advise you to adopt the medical profession?" For all that, everyone recognized him as a splendid teacher, with a passion for accuracy and conciseness of expression and a hatred of anything vague, indefinite, redundant, and especially illogical, which, I am sure, has stood us all in good stead for the rest of our lives. Woe betide the student who pointed out an artery "beginning here and ending there", or later, in the wards, the hesitant man who admitted that a wound was "rather" septic! I know an overseas man at whom Lockwood gazed with that cold and fish-like stare of his, and then said very slowly, "Mr. So-and-So, I would advise you to go back and drive ox-wagons in South Africa".

Your biographer is quite right in describing C. B. L. as the most enthusiastic supporter of aseptic surgery on the Staff at Bart.'s at that time, but he rather overstates the case against the others. I was a dresser under Langton when Lockwood became Assistant Surgeon in 1892, and the theatre atmosphere was certainly not dimmed by the "carbolic spray", which I have never seen used in my life, and which, even at that time, was spoken of as ancient history. Nor were dirty coats kept in the cupboards for use when operating; all the surgeons worked coatless, and used aprons (not complete gowns), and bare arms and hands. The scrubbing-up ritual was terrific. I well remember coming back from a summer week-end up the river with my arms sun-burned and sore, and then on Monday, our operating day, having to scrub them for 20 minutes by the clock with (1) nail brush and soap, (2) turpentine, (3) ether, and finally (4) biniodide in spirit. And the patient's preliminary preparation was similar—except for the sunburn—and was a good

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ABRAHAMS, ADOLphe, O.B.E., M.D., F.R.C.P. "Physical Aspects of Psychological Disease." *Lancet*, March 2nd, 1935.

ANDERSON, H. G., M.D., M.R.C.P. "Intrathoracic Tuberculosis amongst the Chinese, with Special Reference to the Province of Szechuan." *Tubercle*, March and April, 1935.

CASTLEDEN, L. I. M., M.D. "Agranulocytic Angina." *Lancet*, January 26th, 1935.

CHANDLER, F. G., M.D., F.R.C.P. "Treatment of Lung Abscess." *British Medical Journal*, March 2nd, 1935.

D'ABREU, FRANK, F.R.C.S. "Chronic Interstitial Mastitis." *British Journal of Surgery*, January, 1935.

— "The Diagnosis and Treatment of Breast Tumours." *Medical Press and Circular*, February 13th, 1935.

DUNHILL, Sir THOMAS, K.C.V.O., C.M.G., M.D., F.R.A.C.S. "Diaphragmatic Hernia." *British Journal of Surgery*, January, 1935.

FRANCIS, ALEXANDER, M.B. *Then and Now: The Story of a Queenslander*. London: Chapman & Hall, 1935.

GOW, A. E., M.D., F.R.C.P. "The Diagnosis of the Anaemias." *Practitioner*, March, 1935.

HALDIN-DAVIS, H., M.D., F.R.C.P., F.R.C.S. "Treatment of Simple Inflammation of the Skin (Dermatitis)." *British Medical Journal*, February 16th, 1935.

HAMMOND, T. E., F.R.C.S. "The Bearing of the Central Nervous System upon Bacterial Disease." *Clinical Journal*, March, 1935.

HANSCHELL, H. M., D.S.C., M.R.C.S., D.T.M.&H. "The Defaulting Seaman." *British Journal of Venereal Diseases*, January, 1935.

LESCHER, F. GRAHAM, M.C., M.A., M.D., and ROBB-SMITH, A. H. T., M.B., B.S. "A Comparison of the Pituitary Basophilic Syndrome and the Adrenal Cortico-genital Syndrome." *Quarterly Journal of Medicine*, January, 1935.

LLOYD, W. ERNEST, M.D., F.R.C.P. "Diagnosis and Treatment of Bronchiectasis." *British Medical Journal*, January 26th, 1935.

MAXWELL, JAMES, M.D., M.R.C.P. "New Growths in the Lung." *British Medical Journal*, February 23rd, 1935.

MILNER, J. G., F.R.C.S. "Irradiation Cataract." *British Journal of Ophthalmology*, September, 1934.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Ipssima Verba. IV. Two Pre-Hunterian Operations for Aneurysm." *British Journal of Surgery*, January, 1935.

PRICE, L. R. WOODHOUSE, M.B., B.Ch. "Metastasis in Squamous Carcinoma." *American Journal of Cancer*, September, 1934.

— "Malignant Tumours of the Nasal Mucosa." *Journal of Laryngology and Otology*, March, 1935.

RAVEN, R. W., F.R.C.S. "Radium Treatment of Cancer." *Post-Graduate Medical Journal*, February, 1935.

ROBB-SMITH, A. H. T., M.B., B.S. *See* Lescher and Robb-Smith.

ROCHE, ALEX E., M.D., M.Ch., F.R.C.S. "Torsion of the Hydatid of Morgagni." *Clinical Journal*, March, 1935.

SCOWEN, E. F., M.D., and SPENCE, A. W., M.D., M.R.C.P. "A Concentrated Liver Extract for Parenteral Administration in Pernicious Anæmia." *British Medical Journal*, February 9th, 1935.

SPENCE, A. W., M.D., M.R.C.P. *See* Scowen and Spence.

TAIT, C. B. V., M.B., D.O.M.S. "Ophthalmoplegia Associated with Bony Changes in the Region of the Sphenoidal Fissure." *British Journal of Ophthalmology*, September, 1934.

TAYLOR, HERMON, M.Ch., F.R.C.S. "Osteitis Fibrosa: An Experimental Study." *British Journal of Surgery*, January, 1935.

WALKER, KENNETH, O.B.E., F.R.C.S. "Prognosis of Renal Growths." *Lancet*, March 9th, 1935.

WEDDELL, A. G., M.B., B.S. *See* Woollard and Weddell.

WELCH, T. B., M.B., D.T.M.&H. "The State and Lepers in Malaya." *East African Medical Journal*, February, 1935.

WHALE, H. LAWSON, M.D., F.R.C.S. "Unusual Case of Mediastinal Abscess." *British Medical Journal*, January 26th, 1935.

WHITTINGDALE, JOHN, M.B., F.R.C.S. "Problem of the Climacteric." *British Medical Journal*, February 9th, 1935.

WOOD, W. BURTON, M.D., M.R.C.P. "Diagnosis of Early Pulmonary Tuberculosis." *British Medical Journal*, February 16th, 1935.

WOOLLARD, H. H., M.D., and WEDDELL, G., M.B., B.S. "The Composition and Distribution of Vascular Nerves in the Extremities." *Journal of Anatomy*, January, 1935.

#### CHANGES OF ADDRESS.

GIBSON, W. R., Nile Lodge, Queen's Walk, Ealing, W. 5.

LEITCH, J. N., 704/705, Endsleigh Court, Upper Woburn Place, W.C. 1.

VERGETTE, E. S., Castlegate, York.

#### APPOINTMENTS.

SIMMONDS, F. A. H., M.B., B.Chir.(Cantab.), D.P.H., appointed Medical Superintendent of the County Sanatorium, Clare Hall, South Mimms, near Barnet.

SPARKS, J. V., M.R.C.S.(Eng.), D.M.R.E.(Cantab.), appointed Assistant Director of the Radiological Department, The Hospital for Consumption and Diseases of the Chest, Brompton.

#### BIRTHS.

ALSOP.—On March 18th, 1935, to Margaret, wife of A. F. Alsop, B.Ch., of 96, Woodstock Road, Oxford—a daughter.

CROOKS.—On February 27th, 1935, at 46, Harley Street, to Irene, wife of James Crooks, F.R.C.S.—a daughter.

PETTY.—On March 9th, 1935, at Cardiff, to Edith (Babs) (*née* Knox), wife of Dr. Gerald Fitzmaurice Petty—a son.

ROWE.—On March 4th, 1935, to Isabel, wife of Dr. J. T. Rowe, Winton House, Basingstoke—a daughter.

#### MARRIAGES.

FOWLER—TURNER.—On March 2nd, 1935, at St. Mary's, Cadogan Street, London, Dr. Eric Fowler, of Crowborough, to Agatha Clare, youngest daughter of Mr. and Mrs. Joseph W. Turner, of Lytham.

MACFALL—BROOK.—On March 7th, 1935, at St. Philip's Church, Liverpool, by the Rev. W. A. Nagington, Prof. J. E. W. MacFall, of Rose Brae, Stonycroft, Liverpool, to Florence Jane, only daughter of the late Rhodes Brook and Mrs. Crook, of Anfield, Liverpool.

#### DEATHS.

EVANS.—On March 13th, 1935, at Kidderminster, Oliver Conrad Penrhys Evans, M.D., youngest son of the late Colonel H. W. Evans.

GRIPPER.—On March 25th, 1935, at Park House, Willingdon, Eastbourne, Walter Gripper, M.B., M.R.C.S., late of Wallington, aged 81.

HANBURY.—On March 20th, 1935, at Foxbury, Woldingham, Reginald Janson Hanbury.

JEFFERSON-FAULDER.—On March 20th, 1935, at a nursing home in Watford, after a short illness, Major T. Jefferson-Faulder, aged 63.

RUST.—On January 14th, 1935, at Lynwood, Middleton Road, Higher Crumpsall, Manchester, John Rust, M.B.E., M.R.C.S., L.R.C.P., beloved husband of Florence Rust, aged 70.

#### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone National 4444.